

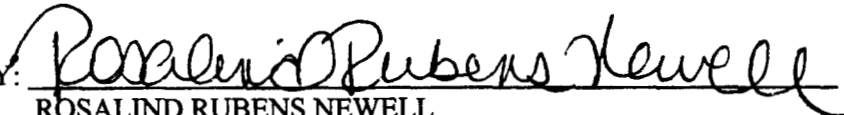
Entered - 12/21/97 - sb
CL97L0792 - GWENDOLYN BURNS

00-*ℓ* -1739

CLAIM OF: **PENNY W. MOORE**
1000 Hodges Avenue
Madison, Georgia 30650

For vehicular damages alleged to have been sustained from road construction that was left in an unsafe condition on December 9, 1997 on Lucky Street.

THIS ADVERSED REPORT IS APPROVED

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 97L0790

Date: October 20, 2000

Claimant /Victim PENNY W. MOORE
BY: (Atty) (Ins. Co.) _____
Address: 1000 Hodges Avenue, Madison, Georgia 30650
Subrogation: _____ Claim for Property damage \$ 164.25 Bodily Injury \$ _____
Date of Notice: 12/10/97 Method: Written, Proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 12/9/97 Place: Lucy Street - Centennial Place Apartments
Department _____ Division _____
Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: Claimant alleges that her vehicle sustained damage when she drove into an open construction site in the roadway that was left in an unsafe condition. An investigation determined that an private contractor was performing work at this location. Claimant has been advised of same and her claim has been forwarded to the contractor for resolution.


INVESTIGATION:

Statements: City employee _____ Claimant _____ Others X Written _____ Oral X
Pictures _____ Diagrams _____ Reports: Police _____ Dept Report _____ Other X
Traffic citations issued: City Driver _____ Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____

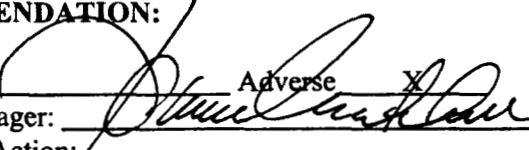
BASIS OF RECOMMENDATION:

Function: Governmental _____ Ministerial _____
Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____
City not involved X Offer rejected _____ Compromise settlement _____
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____
Claims Manager:  Concur/date 10-20-00
Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 12/9/97

ENTERED - 12/21/97 - -tew
97L0790 - ANTHONY G. OATIS

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 164.25 property and/or \$ _____ bodily injury for which I contend the City is liable.

1. Date of incident: 12/9/97 2. Time of Incident: 6:45 am 3. Police called: Yes ☒ No

4. Location of incident (including street address): Lucky Street near North Avenue

5. Name of your insurance company: n/a Policy No. n/a

6. State what and how incident occurred: Driving North on Lucky Street my husband and I ran over a ditch in the road that slit my right front tire. The ditch is there due to construction on the Techwood school + apartment complex on Lucky Street and is not marked or covered by anything.

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: Honda Accord 1997 621 BFG John Moore
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: _____
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: Penny Moore 1000 Hodges Ave 706/342-7168
(Name) (Address) (Telephone Number)
Madison, GA 30650

10. The acknowledgement of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Penny W. Moore
Signature of Claimant

Penny W. Moore
(Print Claimant's Name)

1000 Hodges Avenue
(Address)

Madison, GA 30650
(City, State and Zip Code)

404/814-5738 706/342-7168
(Work Number) (Home Number)

00-R-1739